MAXIMUS Federal Services

Case Number:	CM15-0137799		
Date Assigned:	07/27/2015	Date of Injury:	01/08/2014
Decision Date:	09/23/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 40 year old female who sustained an industrial injury on 01/08/2014. She reported an injury to her mid and low back. Treatment to date has included medications and physical therapy. According to the most recent progress report submitted for review and dated 06/08/2015, subjective complaints included persistent pain in the lower back that was rated 9 on a scale of 1-10. Pain was constant and the same if not worsening with pain radiating to both thighs, worse on the right. Tramadol helped bring her pain from 9 to 6 or 7. Flexeril helped with the paraspinal muscle spasms and reduced her pain from 9 to 6 or 7. She had completed 4 out of 7 physical therapy sessions. She reported that she felt great for the first 2 days after therapy but then the pain returned. She was currently not working. Examination of the lumbar spine demonstrated decreased range of motion. There was tenderness to the paraspinals, right greater than left. Neurovascular status was intact distally. Deep tendon reflexes were 1+ on the right and 2+ on the left at the patellar and Achilles tendons. Diagnoses included acute thoracolumbar strain, thoracolumbar contusion and bilateral lower extremity cramps. X-ray of the lumbar spine demonstrated good spacing between the vertebrae without any evidence of fracture and deformities. Due to persistent pain, decreased function and failure with conservative therapies, an MRI of the lumbar spine was being requested to rule out herniated nucleus pulposus versus degenerative joint disease. Prescriptions for Tramadol and Flexeril were given. There were no signs of abuse, overuse or adverse reactions. She was to complete the remaining physical therapy sessions. A urine toxicology screen was obtained. Currently under review is the request for Cyclobenzaprine HCL 10 mg 1 tab by mouth every 8 hours as needed with food #90. According

to documentation submitted for review, the use of Cyclobenzaprine (Flexeril) by the injured worker dates back to 05/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine HCL 10mg 1 tab by mouth every 8 hours as needed with food #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66 Page(s): 9, 63-64.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, there was record of having used cyclobenzaprine chronically for at least one year leading up to this request for renewal, which is not a recommended duration and purpose for this drug type. Although, the cyclobenzaprine was reported to have reduced muscle spasm and pain from level 9/10 to 6-7/10 when used, it is not clear from the notes that this medication has provided long-term benefits with its use, including specific functional gains. Regardless, due to cyclobenzaprine being non-recommended by the Guidelines for chronic use as is being requested, and as there was no evidence of this request being for the purpose of treated an acute flare, is not medically necessary at this time.